



# COSMETOLOGY CONTINUING EDUCATION EDUCATOR REQUEST FOR APPROVAL OF ADDITIONAL COURSES / INSTRUCTORS

State Form 50662 (11-01)

Indiana Professional Licensing Agency  
302 West Washington Street, Room E034  
Indianapolis, IN 46204  
Telephone: (317) 232-7208

*NOTE: Submissions must be received at least two (2) business days prior to the board meeting to be considered.*

Educator (company name)		Date (month, day, year)	
Address (number and street, city, state, ZIP code)			
<p>COURSE(S): Include a detailed outline for each course. Indicate the number of hours for each course in the "hours" box provided. Indicate by number which course subject each course qualifies under in the "Q" box provided as follows: (1) Communicable diseases; (2) Disinfecting, sanitation, and sterilization; (3) Indiana license law; (4) Occupational Safety Standards Commission (IOSHA) regulations and the safe handling of chemicals; (5) Accounting procedures; (6) Retail sales and marketing; (7) Business management; (8) Bookkeeping; (9) Inventory control; (10) Industry-related computer software applications; (11) Nutrition; (12) Advanced cosmetology; (13) Advanced manicuring; (14) Advanced esthetics; (15) Advanced electrology; or (16) Advanced teaching techniques. NOTE: The course subject and course name must be included on the certificate of completion you provide to the attendees.</p>			
COURSE TITLE	(A/D for office use only)		
	Hours	"Q"	A/D
<p><b>INSTRUCTOR(S):</b> Attach an instructor application and resume for each instructor. Do not indicate instructors that have been previously approved for you.</p>			
INSTRUCTOR NAME	A/D	INSTRUCTOR NAME	A/D
Board comments:			
		Board Member:	

Use additional forms as needed.